



*Quality is Our Bottom Line*

## **Insurance Committee Public Hearing**

**Tuesday, March 18, 2014**

### **Connecticut Association of Health Plans**

#### **Testimony Regarding**

#### **HB 5578 AAC THE HEALTH INSURANCE GRIEVANCE PROCESS FOR ADVERSE DETERMINATIONS**

The Connecticut Association of Health Plans is pleased to support the technical changes incorporated in HB 5578 which clarify that a health care professional may “*approve*” a utilization review decision, but that *only* a clinical peer may sign-off on a denial which was the intent of stakeholders in passage of last year's Public Act 13-3 which inadvertently changed the law to require that clinical peers also “approve” such decisions. The Association appreciates the Committee's willingness to make the correction.

We do, however, have concerns about section 1 of the bill which requires that only a psychiatrist review a psychiatrist and that only a psychologist review a psychologist. First, there are practical considerations as to the achievability of the standard given the availability of practitioners in the field. Secondly, even providing for such oversight, there is confusion around the language used to identify the qualifications for the psychologists who would do the reviews. For psychiatry, “holds a national board certification in psychiatry” is appropriate. However, the language stating, “holds a national board certification in psychology” is problematic in that while there is a certification board for psychology, it isn't recognized as required standard of practice. As we understand it, board certification isn't required for licensure nor for independent practice and generally it isn't a requirement for staff privileges at clinics or other agencies. It's more of a “specialty” certificate that isn't necessarily required to deem someone as qualified in the field. Thirdly, psychiatrists hold a degree of medical training that psychologists do not and there are certain situations, particularly as they relate to co-morbidity, that correctly call for review by someone with a medical background. We hope the Committee will continue a discussion on this section of the bill.

Finally, while the industry generally favors a reduction in regulatory oversight, we would respectfully question the removal of the Department of Insurance consumer affairs division in terms of such oversight in lieu of that provided by the Healthcare Advocate and suggest that the DOI is the more appropriate entity to have such authority.

Thank you for your consideration.